13818 ^{1t}	em 2 FilmG254 CERTIFIC	ATE OF DEATH	4	Reg. Dist. No.	13781
1. PLACE OF DEATH o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUN		e admission) Pri.Geo
b. CITY OR TOWN (If outside carporate limits, wr RURAL and give nearest town) Fairlee — Chestertow		11	outside corporote limits, write	RURAL and give near	est town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION Strong Nursing Hom	reet address)	d. STREET ADDRESS	?		IS RESIDENCE ON A FARM? YES NOT
3. NAME OF First (Type or print) Fredericka	Middle Strong	Albee	4. DATE Dec.	26, 1959	Year 19
female white wid	MARRIED NEVER MARRIED OWED NOWED DIVORCED	B. DATE OF BIRTH 11/13/1878	9. AGE (In year last birthday	Months Days	F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during mast of working life eyen if retired) HOU SEWITE & Le	10b. KIND OF BUSINESS OR INDU	Ment Co.	Md.	U SA	WHAT COUNTRY?
13. FATHER'S NAME Charles S		Julia			
Yes, no, or unknown] [If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 578-48-3559 MJ	rs. Owen Se.	lby Chest	ertown, N	a .
18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY:	Vrema Va	Uremia W	al Calculi	I CIT ONSE	VAL BETWEEN T AND DEATH
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	T NOT RELATED TO THE TERM	inal disease condition (WAS AUTOPSY PERFORMED? YES NOW
A Hour a.m.	/hile Nat while fo	LACE OF INJURY (Hame, form actory, street, office bldg., etc	n, 20f. (City or town)	(County)	(Stote)
ACTUAL SIGNATURE HAMAS	Recoved from $12/26$ 12^{59} , and that death 2600	occurred 12;30	M, from the causes of ADDRESS (Street, city or tow	rn, state) 12,	the deceased stated obove. DATE SIGNED /26/49
220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL 12/29/59	St. Paul C		22d. LOCATION (City, lower Chestertown	and the second	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	Chestertow		DEC 2 9 159	arithur & the	

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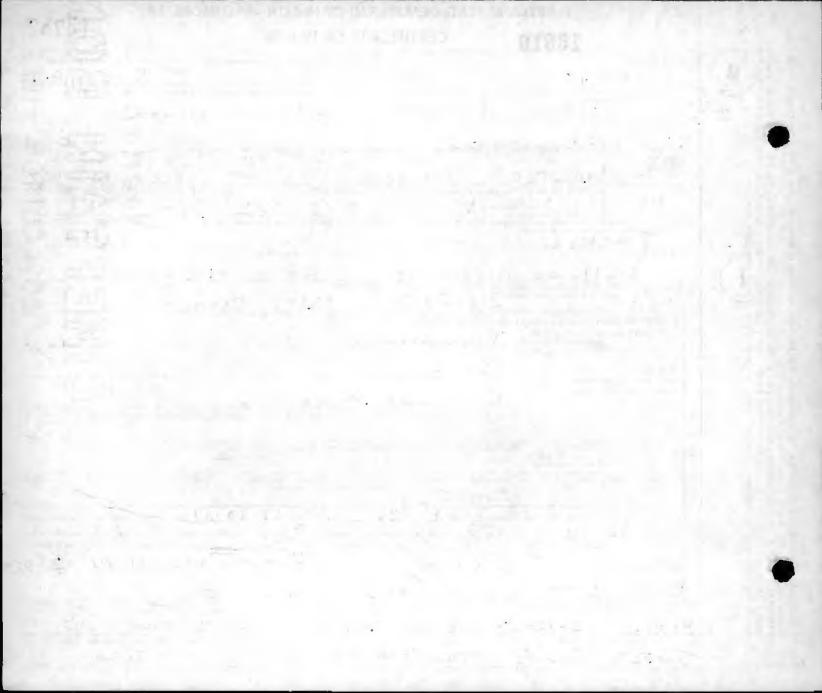
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

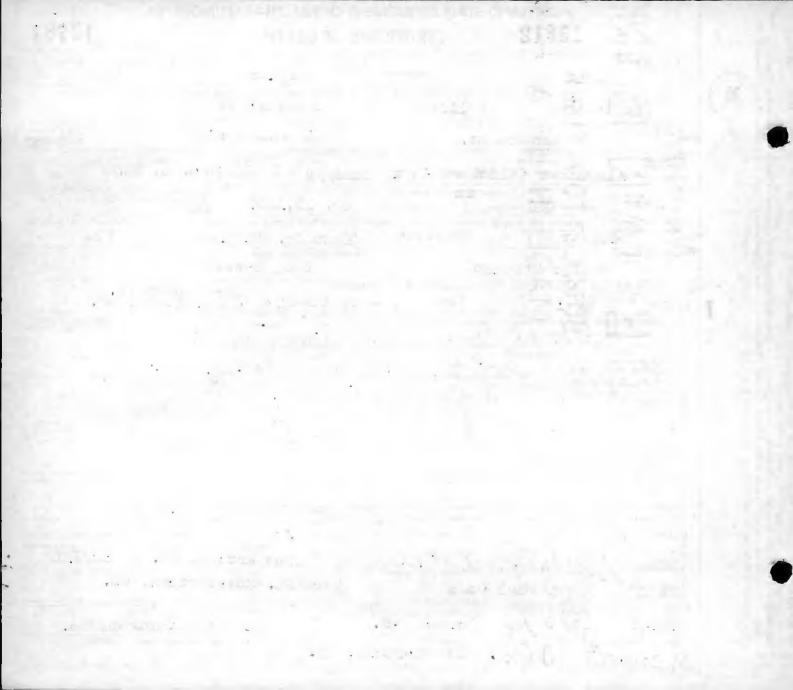
13782 Ren Dist No

	13810	ERTIFICA	ATE OF DEATH	1	Reg. Dist.		104
1.	PLACE OF DEATH O. COUNTY KENT	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. If institution b. COUNTY	10	perfore odmiss	- W
	RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R	-	nearest fowr	1)
H		IEEKS		71H HDS		17X	
	d. NAME OF HÖSPITAL (If not in hospital, give street address) OR INSTITUTION KENT & QUEEN ANNE'S		d. STREET ADDRESS			ON A	FARM?
3.	DECEASED	Middle	Lost V.S	4. DATE Mon OF DEATH	c i	0	Yeor 19 <i>5</i> 9
S	SEX 6. COLOR OR RACE 7. MARRIED NEVI	R MARRIED DIVORCED	8. DATE OF BIRTH 2/23/	82 9. AGE (In years lost birthdoy) yrs.	Manths Doy		Min.
10	on USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU during most of working life, even if retired)	SINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country	12. CITIZEN	J SA	OUNTRY?
1:	LEMUEL ANDRE	we	14. MOTHER'S MAIDEN I	NAME MASO	().		
15	(es, no, pr unknown) (If yes, give wor or dates of service) 213 05	SI3	NFORMANT TO 5 P	CHART	ess		
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b)	, and (c).]			1,	INTERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mon	(a			31	DEATH
	550. / DUE TO		•				75
	Canditions, if any, which	LINET	15				
	gove rise to immediate couse (a), stating the under-lying couse lost.	und	Appene	(i×	1		
CEPTIEICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(19. WAS PERFC YES	RMED?
		NJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)			
MEDICAL	COc. TIME OF INJURY Month, Doy, Year Hour o. m. While Not work ☐ of work ☐	ile fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or town)	(Caur	nty)	(State)
	21. I certify that I attended the deceased fram	11.26	, 19.57, to 1	2.10.5919	that I last :	saw the d	eceased
	alive an 12:10 . , 1959 , a	nd that death	accurred at 9 A	_M, fram the causes an			
		/	-	ADDRESS (Street, city or lown,			E SIGNED
	SIGNATURE	1	M.D. (H)	ESTERTUL	1,02	76 4	2/10/
	PHYSICIAN'S NAME (Type) A. T. KEEF	E MI)	£			
2	REMOVAL (Specify)	OF CEMETERY C		22d. LOCATION (City, town,	or county)	(Slot	,
2	BURIAL 12-12-59 CHES		EMTY	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNA		*
-		L POND			un S. Kra		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 381 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13785 Reg. Dist. No.

	PLACE OF DEATH	Cent		MARYLAND	o. STATE MA I	KE (Where doce ryland	ased lived. If institu b. COUNT	Y Kent		ore odmi	ssion)
	b. CITY OR TOWN III	outside corporate limits, write	RURAL	E. LENGTH OF STAY IN 16	x Still		rporote limits, write	RURAL and	give ne	arest for	vn)
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDR	ESS				ON	A FARMS
	NAME OF DECEASED (Type or print) G8	fir asper		Middle Cahaff	lost	4. DATE OF DEATH	Decemb		Doy		oor 9 59
	SEX Male	6. COLOR OR RACE White	7. MARRI	D DIVORCED	8. DATE OF BIRTH Fob. 12,	1915	9. AGE (In years Jost birthday)	IF UNDER Months	1YEAR Days	Hours	ER 24 HRS. Min.
	during most of working	g life, even if retired)		auling	Maryla		country)		ZEN OF	WHAT	COUNTRY
	FATHER'S NAME	Copper			14. MOTHER'S MAIO		y				
	WAS DECEASED EVE	ER IN U. S. ARMED FO (If yes, give war or dates of WW2	RCES? 16.		NFORMANT Telen J.	Copper	, Still		, Me	d.	
	PART I. DEAT	liote cause	Prol	oable Corona	iry Throm	bosis			15	mi	nute.
FICATION	PART II. OTH			E HOW INJURY OCCURRED.				EN IN PART		PERFO	RMED?
MEDICAL CERTI	PRIMARY OF CONCAUSE OF DEATH. 20c. TIME OF INJUR HOUT O. m. p. m.	ATRIBUTING []	ır 20d. i	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, tory, street, office bidg.	, form, 1 20f. (Ci		(Cou	inty)		(Stote)
	21. I certify the death resulted ACTUAL SIGNATURE		Causes [remains described about No. Accident , Su	icide, Homi m.o. CHIEF MEDIC ASSISTANT M		IER D			DATE S	
7		12-13-4 S SIGNATURE		22c. NAME OF CEMETERY OF STILL PONIL	CEMTY	-Australian	ATION (City, lown, ILL PON STRAR 24b, REGI	or county) /D STRAR'S SIG	MATURE	nD.)
20	Victor 7	. Kenned	4	STILL POND,	MD. DAT	DEC 1 4	'59 0	Allun S.	thou	14	

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13820 **CERTIFICATE OF DEATH** Reg. Dist. No. heral director. be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND funeral CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest tawn should ..ork [.al] d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Manth Day Year Filled (Type or print) DEATH Hec 19 5 SEX 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS Days Hours Min. WIDOWEDI DIVORCED | YES. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? ion and corban p orabin m ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ing physician of remove carb 72 hours after John M. Hersch Stevens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address no John .03 18. CAUSE OF DEATH [Enter only one cause per, line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). 420.1 **DUE TO** þ Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO D 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or fawn) (County) (State) factory, street, office bldg., etc.) Hour om. Not while at work of work 21. I certify that I attended the deceased from, 12 _____that I last saw the deceased alive an and that death accurred at M, from the causes and an the date stated above. ECTOR: be detoc ADDRESS (Street, gilty or fawn, state), ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) 3 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) page REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE arvi: /. .. illims arthur & Three VS A15 (4) , · st DATE JAN 4

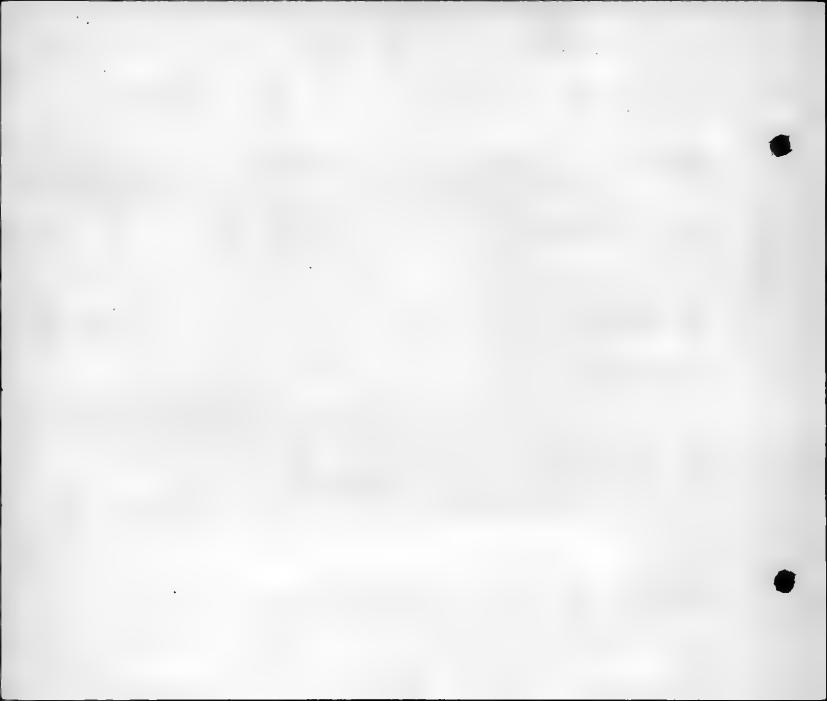
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within 24 haurs

certificate

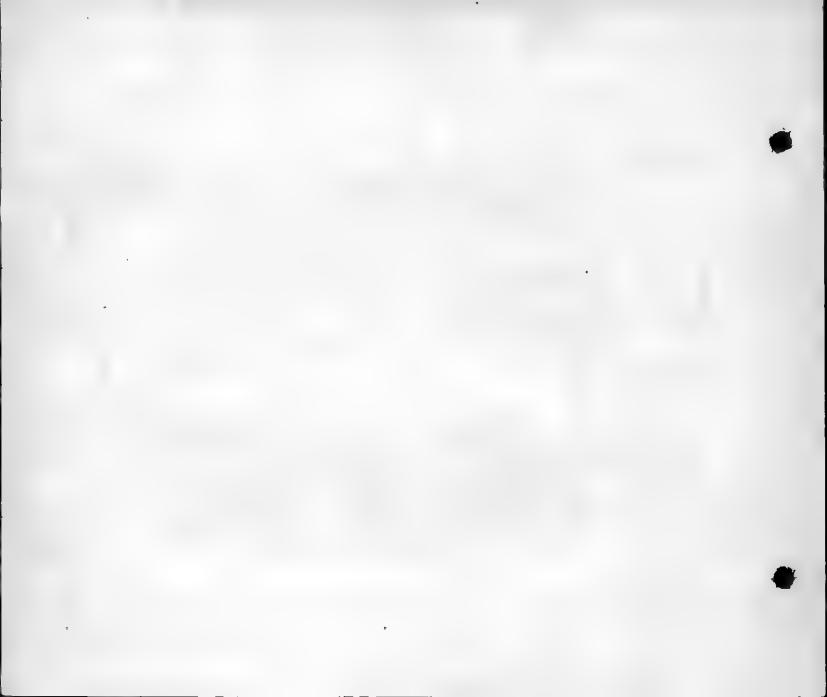
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HOSPITAL



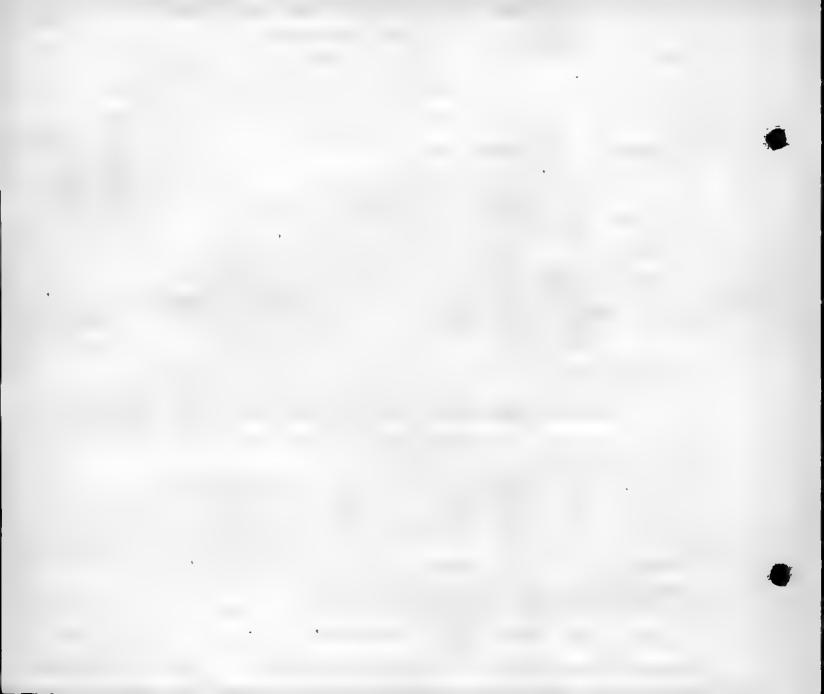
		ENT OF HEALTH—BALTIMORE, 18
	1382 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH
	PLACE OF DEATH D. COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
M)	b. CITY OR TOWN (If survide corporate limits, write RURAL C. LENGTH OF STAY IN 16 HOCK HELL	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Rock Hall
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDEN ON A FARM YES \(\sum \text{NO} \)
	3. NAME OF First Middle DECEASED WILLIAM (Type or print)	JONES 4. DATE Dec. 20 Day Year 19 59
	Male White Widowed Divorced	JAN 17 - 1852 77 yrs. Months Days Hours Min.
	Ion. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY USA
I	Charles H. Janes	14. MOTHER'S MAIDER NAME RES
	15. WAS DECEASED EVER IN U. S. ARMED FORGES? (If yes, give wor or dotes of televice) (If yes, give wor or dotes of televice)	was havice Inco-Rak Hall hy.
	18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: J. IMMEDIATE CAUSE (a) Probable carbon m	onoxide poisoning interval between onset and death ?? but
V	S10.0 DUE TO Canditions, if any, which) (b) (Blood Sample	less than 12 drawn, post mortem and sent to
		aboratory of Chief Medical Examiner)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES \(\bigcap \text{NO} \)
	CAUSE OF DEATH. which had been smalling were	he withing other stove heater still burning
14	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State tory, street, office bldg., etc.) Rock Hall Kent Md.
	21. I certify that I taak charge of the remains described aborded the resulted fram: Natural causes, Accident Sui	ave, held an Autapsy, Inspection, Inquiry, and find t
	ACTUAL SIGNATURE CLEATER SAME	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
4		ASSISTANT MEDICAL EXAMINER 20 December 1959
moval.	EXAMINER'S NAME (TYPOBERT W. FARR	DEPUTY MEDICAL EXAMINER
NO E	EXAMINER'S NAME (TYPOBERT W. FARR 120. BURIAL CROMITION, 276. DATE THEREOF PROVAL (Specify) ALL. 23 (Lesley Lesley	DEPUTY MEDICAL EXAMINER OF





after death!

requires that the death



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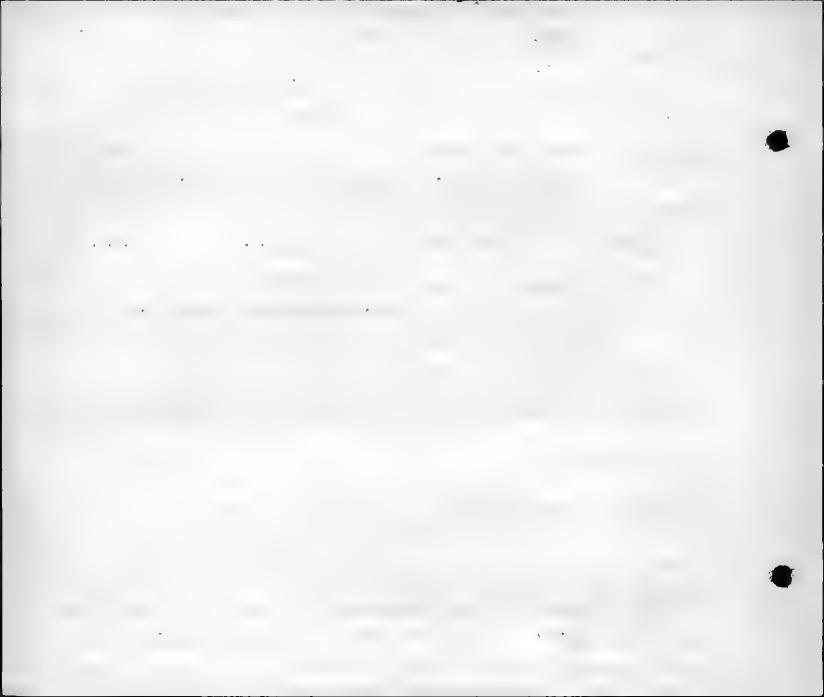
	1382	3	CERTI	FICA	TE OF E	DEATH	1		Reg. Dis	t. No.		
1. PLACE OF DEATH a. COUNTY K	ent		MARY	LAND	2. USUAL RESII 6. STATE	Md.	ere deceased	lived. If institution b. COUNTY	n: Residenc		odmiss	ian)
RURAL and give			c. LENGTH OF STAY	IN 1b				ate limits, write RI	URAL and g	ive near	est town	1)
	1 Millingto TAL (If not in hospital, p		address)		d. STREET A		llingt	on		0	ON A	IDENCE FARM?
3. NAME OF DECEASED	Fir	sł.	Middle		las	1	4. DATE	Mon	th	Day	,	Year
(Type or print)	Eva		E.	Mat	thews		DEATH	Dec.20	1			1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔲 🖁	DATE OF BIRTI	Н		9. AGE (In years last birthday)	IF UNDER			
Female	White	WIDOWE			July 13	,1883		76 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work irking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11, BIRTHPL	ACE (Stote	ar fareign co	untry)	12. CITI	ZEN OF	WHAT	COUNT
House	work		own home		Cha	tham	N.Y.		U.	S.A.		
13. FATHER'S NAME	10.00		-		14. MOTHER'S							
John	Cone				De	lia G	erkins					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT			Addr	en			
				Mr	s.Anna I	ockwo	od Mil	lington	Md.			
	immediate	, Co	repol h	10-6	ion-ha	ge	′			INTER	EVAL BE ET AND SOLU	TWEEN DEATH
200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)				NOT RELATED TO				EN IN PART		. WAS / PERFO YES	AUTOPSI PRMED? NO []
29c. TIME OF INJU	in.	20d. If While of work		foci	CE OF INJURY (I ory, street, affice	bldg., etc.)	or tawn)	{C	gunly)		(State
	that I attended the	_, 12_		death		3. P	_M, fram	the causes a set, city or town, s	nd an th	ast sav	state DA	deceased aba ATE SIGN
220. BURIAL, CREMATI REMOVAL (Specif BUTIA	Dec.23.		22c. NAME OF CEME Crumpton					on (City, town, o pton Md			(State	e)
23. EUNERAL DIRECTO	Fillow	2 /	Millings	m	neg	240. REC'D	BY REGISTR C 2 4 '5	-	TRAR'S SIG	YOUR	1	

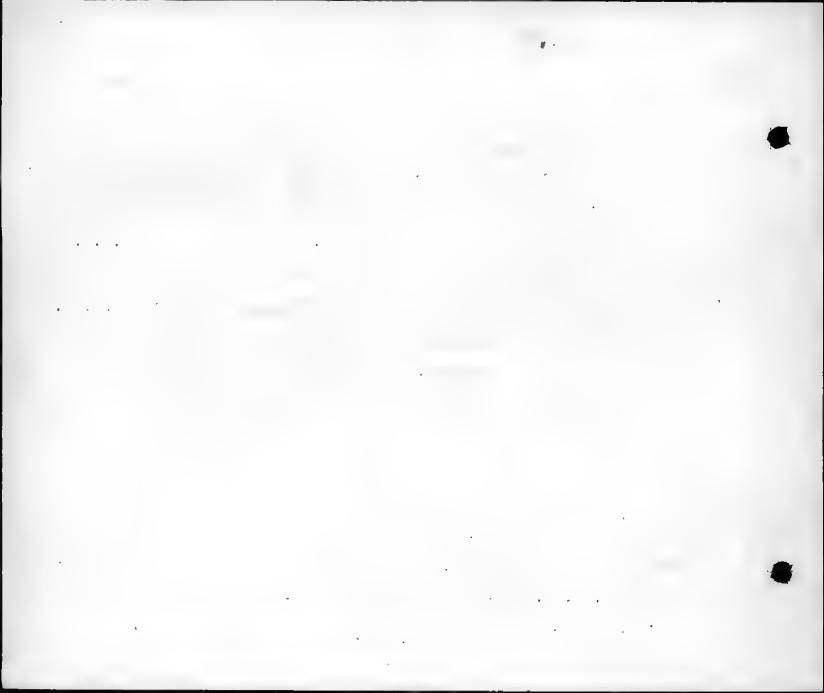
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

• FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I amonthe registrar prior to burial, cremation, or removal, and in any event within 72 harm-after death. may be retain TO HOSPITAL VS A15 (4) 15M 9/55

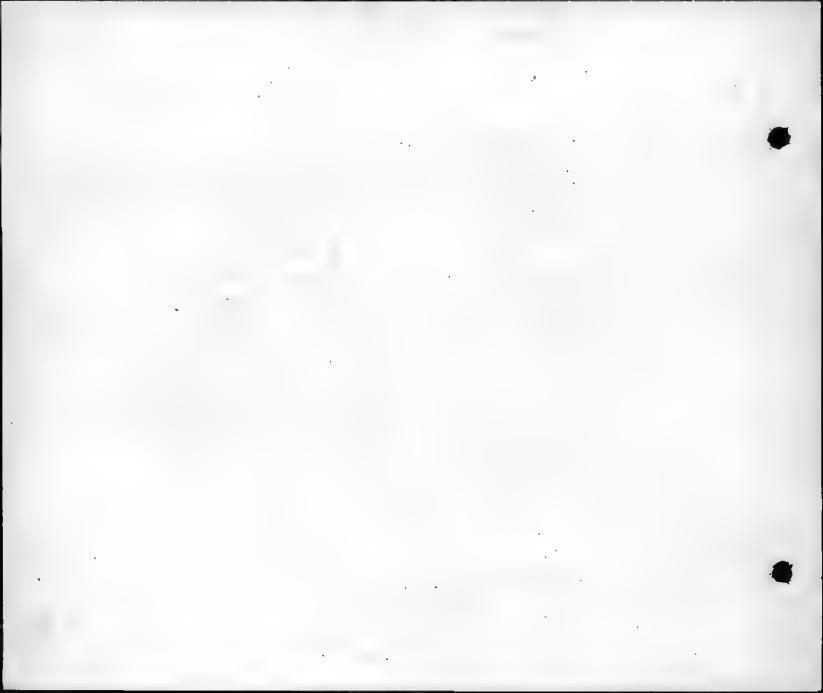
he funeral director, should be filed with

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 05		13815 CERTIFICATE OF DEATH Reg. Dist. No. 1379
Poge director	1.	PLACE OF DEATH D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) D. STATE D. COUNTY B. COUNTY D. COUNTY
deoth		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
072		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR ALERA ANNO'S HOSP. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO.5} \) NO.E
124 hou illed in es i and		NAME OF DECEASED (Type or print) HOMAS William, Shinets December 3 195
ed within		SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hour; Min Months Doys Hour; Mi
execute nd cam on pope death.		USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreigh country) Chestertown Maryland U.S.A.
sician or sician		thomas William Shinek Elsie Hazel Baker
ing physics removes the remove the removes		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Chester And
the deot e attend ten pleoi		1B. CAUSE OF DEATH [Enter only one cause per life for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).
es that I		Conditions, if any, which (b)
cion. en signe ond in	z	couse (a), storing the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPS
The laying physics has be unial-treemoval,	IFICATIO	PERFORMED? YES NOTE: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)
striffcote os the b	CAL CERTI	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Sta
G PHYS pital ar r this ce for use cremati	MEDICAL	Hour o. m. p. m. 19 While Not while factory, street, office bldg., etc.) of work at work
the has DR: Afte ploched buriol,		21. I certify that I attended the deceased from
DracCTC		ACTUAL SIGNATURE LINE OF STATES M.D. ROCK HALL MILL 62/5/59
SPITAL be reta VERAL 3 shaul egistrar	70.	PHYSICIAN'S NAME (Type) PRUPIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OF CREMATORS 22d. LOGATION (City Journa or county)
TO HOS TO FUN Poge The res	23,	PURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12 (15) 12 (15) 13 (15) 14 (15) 15 (15) 16 (15) 17 (15) 18 (15)
VS A1S (4) 1SM 9/SB		The Millrighty Gust her Market, More DEC 14'59 Galing & thomas



15M 9/5B

PHYSICIAN'S

MARYLAND	STATE DEPARTM	ENT OF HEALT	H-BAI	TIMORE, 1	8	
13817	CERTIFICA	ATE OF DEAT	Н		Reg. Dist. No	14369
PLACE OF DEATH o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Woo. STATE				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Chestertown	c LENGTH OF STAY IN 16	37 Ches	terto		IRAL and give ne	arest lawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	Kent	Street		e. IS RESIDENCE ON A FARM? YES INO T
Kent & Queen Anne's NAME OF DECEASED (Type or print) FRANCES	Middle	Lost SPARKS	4. DATE OF DEATH	Mant	h Do	
Female White WIDOW	ED NX DIVORCED	8. DATE OF BIRTH 9/7/72		last birthday) 87 yrs	Manths Days	IF UNDER 24 HRS Hours Min.
USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) None FATHER'S NAME	None	Not kno	WM	country)	U. S.	FWHAT COUNTRY? Of PICA
Not known				own		
II. no, or saknown) [If yes, give wor or dates of service)	None Mrs	Richard	Elbur		stown tertown	Md
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (c) 3.3.1.X.	erbole brue V	ar enear-po	erno	ut		SET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the under-	rtenos cle	ou				
PART II OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL D SEA!	SE CONDITION GIVE	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200, ACC DENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Pa	rt (Î af îtem 18)		
20c. TIME OF INJURY Manth, Doy, Year 20d. If Hour a. m. While p. m. 19	Nat while foo	ACE OF INJURY (Home, far dary, street, affice bldg., et		y ar tawn)	(County)	(State)
21. I certify that I attended the deceas alive on 12/16/89, 19		occurred at 2.50		the causes and	d on the date	w the deceased e stated above.
ACTUAL SIGNATURE Shomes 5	Bolon	M.D,	ADDRESS (Street, city ar tawn, s	stote)	DATE SIGNED
PHYSICIANIS						

Thomas J. Solon NAME (Type) Chestertown, Maryland 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATOR 24g. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE DATE JAN 2 0 '60 Chilling S. Krapa

(State)



death.

HOSPITAL

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William III		5		Jan S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3825 CERTIFICATE OF DEATH Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed Kent Maryland b. COUNTY MARYLAND Kent eral (b. CITY OR TOWN (If outside carporate limits, write pe C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should life Chestertown RED Chestertown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? RFD YES IN NO NAME OF OF DEATH Dec. 12, 1959 Middle Lost Year filled William Thomas (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 83 yrs. 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. male colored Months July 18,1876 WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

farm

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Maryland Kent 12. CITIZEN OF WHAT COUNTRY? Maryland Kent Co. USA carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Julia unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Profession 3 Chestertown, Md Mrs. Ella Thomas 217-30-8056 no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery disease VERTS **DUE TO** 5 years Arteriosclerosis Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Complete heart block YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) O. ft. Not while al work at work to December 12, 19 59, that I last saw the deceased 21. I certify that I attended the deceased from June and that deoth occurred ot 2 AM, from the couses and on the dote stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE Chestertown, Md. PHYSICIAN'S C. Dick XXXXXXXX NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Chestertown. 59 Pomona (col Cem. Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Chestertown, Md. arthur S. Kine DATE DEC 1 5 '59

death;

within 24 haurs

